

Meeting Summary

eHealth Technical Working Group February 10, 2010 11:00AM-12:30PM

Review of TAC's prioritization of HIE services for meaningful use

Please refer to the 2/3 TAC Meeting Summary posted on Project Spaces for detailed information on what was discussed at that meeting.

In its recent in-person meeting on 2/3, TAC considered the value of providing services through the HIE Cooperative Agreement program to support the various meaningful use functions outlined in the NPRM released by CMS. Participants are directed to p. 4 of the 2/3 TAC Meeting Summary for a description of "value" that guided TAC's discussions. The prioritization of services is as follows:

- High Value
 - HIE Service for exchange of electronic lab results
 - Lab to EHR
 - Lab to Public Health
 - HIE Service for electronic checking of insurance eligibility
 - HIE Service for exchange of key clinical information
 - To providers and patient-authorized entities
 - During transitions of care
- Medium Value
 - HIE Service for the bidirectional EDI exchange of data with immunization registries
- Low Value
 - HIE Service for transmitting prescriptions electronically
- Not Determined / Deferred
 - HIE Service for electronic claims submission
 - HIE Service for providing patients with electronic copy of/access to health information
 - HIE Service for electronic submission of syndromic surveillance data

Laura Landry made a clarifying point that what had been evaluated by TAC was *the value of building additional infrastructure at the state level to support a given meaningful use function, in light of the current market landscape*. For example, TAC felt that creating additional state-level HIE services to further support transmitting prescriptions electronically would be of low value because there are other pre-existing services that support this transaction (e.g., Surescripts).

Additionally, pertaining to the creation of services to support meaningful use, Laura stated that TAC's desire was to move beyond meaningful use as necessary to build services that would be truly useful to stakeholders (i.e., of value to their businesses, and either cost-saving or cost-neutral).

Comments

The following points were raised in response to the above prioritization of services.

- HIE service for electronic checking of eligibility
 - Laura stated that there was interest on the part of TAC not just for eligibility checking, but also for benefits checking as well as a service that delivers eligibility rosters from health plans in standard format (271) for use by IPAs and other provider groups.
 - Eileen Moscaritolo raised the concern that many health plans may not be able to deliver what was desired, particularly government health plans, and that just getting to meaningful use would be challenging. Laura clarified that while it would be desirable for all health plans to be able to perform the desired transactions, there would not be a requirement or mandate for health plans to do so. Rim Cothren added that it would be important to gather feedback from organizations to gain a better understanding of what would be possible in a real-world setting, and to ensure that each service is designed with enough flexibility such that organizations that are unable to provide all of the desired information are not excluded from using the service.
 - Eileen suggested that it would be practically useful and valuable to capture and share the eligibility/benefits information about both the current and previous plan for each patient. This would help to reduce the significant resources and expenses associated currently with the rerouting of claims.
- HIE service for transmitting prescriptions electronically
 - Tim Andrews challenged the idea that the availability of the Surescripts network necessarily meant that additional HIE services for e-prescribing would be of low value. He pointed out that the state may have an interest in capturing e-prescribing data for the purposes of monitoring and quality measurement. Also, Kaiser has its own network for e-prescribing and would not be using Surescripts. Jeff Evoy agreed, stating that acceptance and adoption of Surescripts is not inevitable, given that penetration is only 8% at the present time. He felt that there should be state-level support for at least a transport mechanism for e-prescribing transactions.
- Other HIE services for meaningful use
 - Rim Cothren pointed out that there may be some additional meaningful use criteria in the NPRM that were not discussed by TAC but should be considered in determining the appropriate HIE services to include at the state level. For example, medication reconciliation is mentioned in the NPRM, and services to support this involve a data flow that is distinct from e-prescribing.

TAC Directives to TWG

In the course of its recent discussions, TAC has formulated the following directives to TWG:

- Consider patient-identification requirements of the CS-HIE Services, and propose technical solutions for these requirements, including general LOE and cost estimates.
- Emphasize that the services should make data available for import into EHRs, rather than just web-based access.
- Other non-core services
 - Service(s) for administrative transactions
 - May include support for eligibility and benefits inquiry, claims inquiry, and referral authorization. Of lower priority would be a centralized service for prescription fill data in batch mode
 - Support for both web-based transactions (for small practices where a single web site would be greatly preferred over multiple payer websites) and EDI (for large practices/hospitals).
 - One identified need is for a “translation service” of health plans’ proprietary formats into a single standard format that can be read by provider groups, e.g. 271 roster.
 - TWG is to consider how the core CS-HIE Services would interact with and/or facilitate an all-payer portal, rather than designing or proposing one.
 - Other non-core CS-HIE Services on the list that have not been further defined are:
 - Lab data translation service
 - Health information rules engine
 - Clearinghouse services for exchanging data with immunization registries in standard format
 - NHIN gateway
 - Clinical referrals service that facilitates exchange of information related to specialist referrals
 - Others?
- Use of NHIN specifications
 - Reconciling capabilities of NHIN specifications with requirements of Core CS-HIE Services

Given that many of the directives listed above still need to be discussed at greater length by TAC for clarification, Laura Landry and Rim Cothren agreed that it would be useful for TWG to initially focus on the prioritized list of meaningful use functions as well as providing feedback to TAC regarding other related services that may be needed. Rim stated that he would start email threads on each of the meaningful use functions to begin gathering feedback from the group.

Releasing technical architecture draft to Public Review Group

The state Operational Plan, of which the HIE technical architecture document is a part, is scheduled for release to the general public for comment at the beginning of March. The current project timeline calls for the release of the draft technical architecture to the Public Review Group to gather initial feedback from a self-selected group of organizations who have expressed interest in reviewing the interim work products of the technical committee.

Walter posed the question to meeting participants whether they felt comfortable enough with the current draft of the technical architecture (Draft #4) to move ahead with release to the Public Review Group. Walter noted that at its 2/3 meeting, TAC did agree by consensus that the CS-HIE Core Services were indeed necessary components of the technical architecture. While TAC is still considering whether to make the draft available to the Public Review Group and would need to approve its release, it is likely to use TWG's opinion as input.

There were no objections from participants to putting the question to a vote. As there was not a quorum of TWG members on the call, it was decided that a partial vote would be held during the meeting and the matter be put to a vote by the other members over email.

Jeff Evoy moved and Scott Cebula seconded that Draft 4 of the Technical Architecture be made available to the Public Review Group at this time. There being no objections, the motion passed 6-0.

Scott Cebula made the suggestion to release a clean, non-redlined version of the document as Public Draft #1.

Discussion of the current technical architecture draft

The group was asked if there were any comments or questions about the current draft of the technical architecture. The main concern raised had to do with whether the language in the draft is clear enough to achieve two goals: (1) provide a description of the architecture in layman's terms such that non-technical readers can understand the purpose and meaning of the architectural components, and (2) unambiguously and precisely articulate the architecture so that technical readers can come to a clear and consistent understanding. After a brief discussion, it was decided to wait for feedback from new, "uninitiated" readers once the draft is distributed to better assess how the document can be improved.

Discussion of patient identification

Walter asked whether members of TWG had any thoughts on the newly proposed Health Record Correlation Service in the current draft, which was added in response to TAC's request that TWG address patient identification. Participants discussed the nature of this request at some length. The main points of this discussion were as follows:

- From the recent email thread on patient identification started by Rim Cothren and containing responses from Dave Minch and Laura Landry, it seems that there is confusion about the rationale behind the request for TWG to address patient identification. Understanding the requirements for patient identification is necessary in order to properly evaluate and recommend the technical options available. In addition, this will help determine how TWG prioritizes its activities, i.e. should it focus on patient identification first, or instead address patient identification in the course of designing prioritized services to support meaningful use?
- Walter reported that at the recent in-person TAC meeting, the need for a service to handle patient identification was expressed. However, the requirements behind the perceived need for such a service have not yet been articulated. Generally, the feeling at TAC appears to be that a

patient identification service is necessary for purposes such as the support of administrative transactions, providing an aggregate view of a patient's clinical data from across the healthcare system, and meeting public health needs involving patient data.

- There is a clear difference in patient identity requirements between what would be needed to support meaningful use and what would be needed to achieve other goals. Tim Andrews made the point that separating requirements aligned with meaningful use from those outside meaningful use would be appropriate in considering patient identification. Rim suggested looking at the meaningful use requirements and determining what is needed with respect to patient identity from a technical perspective. This would provide a way for TWG to evaluate whether or not a statewide patient identification service is indeed necessary and to provide alternatives if it is not. Tim cautioned that no HIE services are technically required to meet meaningful use. Thus, it would be more appropriate to ask what services would be supportive of meaningful use.
- Rim made a suggestion to begin looking at patient identification options vis-à-vis the prioritized services from TAC, but also reiterated the need for more clarity with respect to requirements from TAC.

Summary of Key Questions/Issues/Decision Points:

- A partial vote by TWG members indicates support for the release of the draft technical architecture (Draft #4) document to the Public Review Group.
- Clarity around the requirements for patient identification is needed from TAC so that TWG can appropriately scope the issue and prioritize its work. In the meantime, TWG will begin looking at patient identification within the context of the prioritized services identified by TAC.

Next Steps:

- Staff will send out an email invitation to TWG members not present at the meeting to vote on whether to make the current draft technical architecture available to the Public Review Group for review.
- Rim will start email threads on the prioritized list of meaningful use services to gather feedback from TWG for consideration by TAC.
- Next meeting is scheduled for Wednesday 2/17 11AM-12:30PM.

Members Present

Name	Organization
Scott Cebula	Independent
Scott Christman	CA Dept. of Public Health
Paul Collins	CA Dept. of Public Health
Robert("Rim") Cothren	Cognosante, Inc.
Jeff Evoy	Sharp Community Medical Group
Jen Herda	Long Beach Network for Health
Laura Landry	Long Beach Network for Health
Lee Mosbrucker	CA Office of the Chief Information Officer
Eileen Moscaritolo	CalOptima

Staff Present

Name
Walter Sujansky
Tim Andrews
Peter Hung